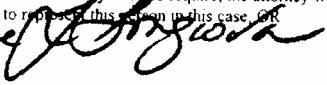


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| CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5-99)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                     |                           |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------|---------------------------|
| 1. CIR / DIST / DIV. CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2. PERSON REPRESENTED                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VOUCHER NUMBER                                      |                           |                           |
| 3. MAG DKT / DEF NUMBER<br>11-5017 - 11 (TJB)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4. DIST DKT / DEF NUMBER                                                                                                                                                                                          | 5. APPFAIS DKT / DEF NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 6. OTHER DKT NUMBER                                 |                           |                           |
| 7. IN CASE MATTER OF (Case Name)<br>US v. EDWARD GURAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8. PAYMENT CATEGORY<br><input checked="" type="checkbox"/> Felony<br><input type="checkbox"/> Misdemeanor<br><input type="checkbox"/> Appeal                                                                      | 9. TYPE PERSON REPRESENTED<br><input checked="" type="checkbox"/> Adult Defendant<br><input type="checkbox"/> Juvenile Defendant<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10. REPRESENTATION TYPE<br>(See Instructions)<br>CC |                           |                           |
| 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list up to five major offenses charged, according to severity of offense<br>21: 841(a)(1) and (b)(1)(C) - Possession with intent to distribute oxycodone                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                     |                           |                           |
| 12. ATTORNEY'S NAME (First Name, M.I. Last Name, including any suffix),<br>AND MAILING ADDRESS<br><br>David Schroth<br>795 Parkway Ave, Suite A-3<br>Trenton, NJ 08618<br>Telephone Number: (609) 882-0041                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                   | 13. COURT ORDER<br><input checked="" type="checkbox"/> O Appointing Counsel<br><input type="checkbox"/> F Subs For Federal Defender<br><input type="checkbox"/> P Subs For Panel Attorney<br><br><input type="checkbox"/> C Co-Counsel<br><input type="checkbox"/> R Subs For Retained Attorney<br><input type="checkbox"/> Y Standby Counsel<br><br>Prior Attorney's _____<br>Appointment Dates: _____<br><br><input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel and because the interests of justice so require, the attorney whose name appears in Item 13 is appointed to represent this person in this case.<br><br><input type="checkbox"/> Other (See Instructions)<br><br><br>Signature of Presiding Judicial Officer or By Order of the Court<br><br>5/12/2011 Date of Order Nunc Pro Tunc Date<br>Repayment or partial repayment ordered from the person represented for this service at time appointment <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                     |                           |                           |
| CLAIM FOR SERVICES AND EXPENSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | FOR COURT USE ONLY                                  |                           |                           |
| CATEGORIES (Attach itemization of services with dates)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                   | HOURS CLAIMED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TOTAL AMOUNT CLAIMED                                | MATH/TECH ADJUSTED HOURS  | MATH/TECH ADJUSTED AMOUNT |
| 15. In                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | a. Arraignment and/or Plea<br>b. Bail and Detention Hearings<br>c. Motion Hearings<br>d. Trial<br>e. Sentencing Hearings<br>f. Revocation Hearings<br>g. Appeals Court<br>h. Other (Specify on additional sheets) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                     |                           |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (RATE PER HOUR = \$ )      TOTALS:                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                     |                           |                           |
| 16. Out of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | a. Interviews and Conferences<br>b. Obtaining and reviewing records<br>c. Legal research and brief writing<br>d. Travel time<br>e. Investigative and other work (Specify on additional sheets)                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                     |                           |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (RATE PER HOUR = \$ )      TOTALS:                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                     |                           |                           |
| 17.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Travel Expenses (lodging, parking, meals, mileage, etc.)                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                     |                           |                           |
| 18.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Other Expenses (other than expert, transcripts, etc.)                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                     |                           |                           |
| <b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                     |                           |                           |
| 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE<br>TO: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                   | 20. APPOINTMENT TERMINATION DATE<br>IF OTHER THAN CASE COMPLETION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     | 21. CASE DISPOSITION      |                           |
| 22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                     |                           |                           |
| Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets<br>I swear or affirm the truth or correctness of the above statements. |                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                     |                           |                           |
| Signature of Attorney _____ Date _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                     |                           |                           |
| APPROVED FOR PAYMENT — COURT USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                     |                           |                           |
| 23. IN COURT COMP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 24. OUT OF COURT COMP                                                                                                                                                                                             | 25. TRAVEL EXPENSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 26. OTHER EXPENSES                                  | 27. TOTAL AMT APPR / CERT |                           |
| 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DATE                                                | 28a. JUDGE/MAG JUDGE CODE |                           |
| 29. IN COURT COMP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 30. OUT OF COURT COMP.                                                                                                                                                                                            | 31. TRAVEL EXPENSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 32. OTHER EXPENSES                                  | 33. TOTAL AMT APPROVED    |                           |
| 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DATE                                                | 34a. JUDGE CODE           |                           |